

MINNESOTA BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING,  
LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN

85 East 7th Place, Suite 160, St. Paul, MN 55101-2113  
Phone: 651-296-2388 • Fax: 651-297-5310 • [mn.gov/aelslagid](http://mn.gov/aelslagid)

**LICENSE / CERTIFICATE RENEWAL 7/1/2016–6/30/2018**  
**INSTRUCTIONS**

**ALL licenses and certificates expire on 6/30/2016 unless renewed.**

You are responsible for completing ALL sections of the application form (sections **1-4**). If any information is missing or the form is not signed, the application will be considered incomplete and will be returned. You are responsible for any late fees incurred after 6/30/2016 if your application is returned.

**Professional Development Hours (PDH) Requirements** (see also [mn.gov/aelslagid/conted.html](http://mn.gov/aelslagid/conted.html)):

- You need 24 PDH earned on or after July 1, 2014, including 2 hours of ethics.
- If you have carryover hours, that information will appear on a list on the Board website: [mn.gov/aelslagid/conted.html](http://mn.gov/aelslagid/conted.html). Consult this list. If your name is not on the list, you did not report hours to carry over with your last renewal.
- The 2 hours of required ethics PDH must have been obtained on or after July 1, 2014. (Any ethics hours in excess of the required 2 are treated as 'general' PDH hours.)
- Exemption requests (not including the automatic initial license/certificate exemption) must be **preapproved**; do not submit this form with your exemption request. If you are granted an exemption, you will be sent a Board Approval Document which you then submit along with your completed renewal form.
- PDH earned during an exempt period cannot be carried over.

► **Sign and date the form and enclose your renewal fee of \$120.**

- If paying after 6/30/2016, include the appropriate late fee ([see application form](#)).
- Make checks (US funds only) payable to: **MN Board of AELSLAGID**.
- Mail to the address above.

**Your new license card will mail within 2-4 weeks.**

If you have questions regarding your application, please call the Board office at 651-296-2388.

**Data Practices Act Warning**

The data you furnish on this form will be used by the Board to process your application for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board may be unable to issue your license. Until licensure is granted all application data, except name and designated address, are private data pursuant to Minnesota Statutes section 13.41, subdivision 2 (2014). All data, except social security number and email address become public record when licensure is granted pursuant to Minnesota Statutes section 13.41, subdivision 5 (2014).

MINNESOTA BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING,  
LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN

85 East 7th Place, Suite 160, St. Paul, MN 55101-2113  
Phone: 651-296-2388 • Fax: 651-297-5310 • [mn.gov/aelslagid](http://mn.gov/aelslagid)

**APPLICATION FOR LICENSE / CERTIFICATE RENEWAL**  
**7/1/2016–6/30/2018**

**1. Contact Information** The address below is my (check one): ☐ Home ☐ Business

Name \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)  
Profession \_\_\_\_\_ Certif./ License # \_\_\_\_\_ Phone \_\_\_\_\_  
Company Name \_\_\_\_\_  
(Provide only if you checked "business" above.)  
Address \_\_\_\_\_  
(Street address required; **no PO boxes**)  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postcode \_\_\_\_\_ Country \_\_\_\_\_

**2. Renewal Fee** (Check the appropriate box based on when your **completed** application was postmarked.)

☐ **\$120** if postmarked on or before 6/30/2016  
**\$150** if postmarked 7/1/2016 to 9/30/2016  
**\$180** if postmarked on or after 10/1/2016

**3. PDH/Continuing Education** (Choose the applicable option.)

☐ **I am exempt from reporting continuing education for this renewal** (select reason)  
☐ My initial MN license/certificate was issued on or after July 1, 2014 (automatic exemption).  
☐ I requested and was granted an exemption by the Board. The Approval Document is enclosed.

OR

☐ **I am not exempt from the continuing education requirement.** Here are my hours:

# OF HRS	PROFESSIONAL DEVELOPMENT HOURS REPORTING TABLE
	PDH earned between 7/1/2014–6/30/2016.
<b>REQUIRED! ►</b>	<input type="checkbox"/> By checking the box, I affirm that 2 of the hours <b>above</b> are ethics PDH.
	Carryover from previous renewal (if applicable)
	<b>TOTAL PDH SUBMITTED</b>

**4. Affidavit**

Since your last renewal, have you had a certificate or license disciplined, denied, surrendered, suspended or revoked? (If yes, attach a statement of explanation.) ☐ Yes ☐ No

**I swear or affirm that I have read the foregoing renewal application and that the statements are true and complete.**

Signature \_\_\_\_\_

Date \_\_\_\_\_